Effective October 1, 2000				U,	<u>7</u>	749	<u> 39</u>
CLAIMS AS FILED - PART I (Column 1) (Column 2)			SMALL TYPE	ENTITY	OR	OTHER SMALL	
OTAL CLAIMS			RATE	FEE	1	RATE	FEE
DR .	NUMBER FILED	NUMBER EXTRA	BASIC F	<b>€</b> € 355.00	ОЯ	BASIC FEE	· 710.00
OTAL CHARGEABLE CLAIMS		· Ø	X\$ 9		ОЯ	X\$18=	
DEPENDENT CLAIMS	minus 3 =	8	X40-		OR	X80=	
ULTIPLE DEPENDENT CLAIM PRESENT			+135		OR	+270=	
If the difference in column 1 is	less than zero, ente	70° in column 2	TOTA	1 255	OR	TOTAL	
11-4-05 AS AS (Column 1)	MENDED - PAR (Colu	IT    mn 2) (Column 3)	SMAL	L ENTITY	OR	OTHER SMALL	
CLAIMS REMAINING AFTER AMENDMENT	N.A. PREVI	HEST IBER PRESENT OMSLY EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Total ·	Minus	-	X\$ 9:	=	OR	X\$18=	
Independent •	Minus	=	X40=		OR	X80=	
FIRST PRESENTATION OF M	OLTIPLE DEPENDEN	1 CLAIM	+135	9	OR	+270≖	
			YOT	- 1	ОЯ	TOTAL ADDIT, FEE	
(Caluma 4)	(Cab	ımn 2) (Column 3)	ADDIT. F	EE		AUUII, PEE	
(Column 1)		HEST CONDITION		ADDI-	1		ADDI-
REMAINING AFTER AMENDMENT	PREV	MBER PRESENT HOUSLY EXTRA POR	RATE			RATE	TIONAL FEE
Total	Minus	=	X\$ 9	-	OR	X\$18=	
Independent -	Minus	#	X40-		OR	X80=	
FIRST PRESENTATION OF M	IULTIPLE DEPENDEN	I CLAIM	+135		OR	+270=	
			701		OR	TOTAL	
	4.	as chatanana	ADDIT. F	EE !		ADDIT, FEE	
(Column 1)		<u>ymn 2) (Column 3)</u> HEST	}		1		
REMAINING AFTER AMENDMENT	NUI PREV	WBER PRESENT ROUSLY EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Total •	Minus ••	=	X\$ 9-	3	OR	X\$18=	
Total Independent -	Minus ***	5	X40-		OR	X80=	
FIRST PRESENTATION OF A	MULTIPLE DEPENDEN	IT CLAIM			100	<b> </b>	<del>                                     </del>
			+135	<u> </u>	OR	+270=	
"If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT, FEE					OR	ADDIT, FEE	
""If the "Highest Number Previously! The "Highest Number Previously P	Paid For IN THIS SPACE	E is less than 3, enter "3."			- ox in ox		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
)FIM PTD-675 ev. 800)			Pasent end Tr	rademark Office, I	J.S. OE	PARTMENT O	

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**Application or Docket Number**